

CLAIMS ONLY						Application Number <b>10757817</b>	Filing Date	
						Applicant(s)		
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend		
1							51	
2							52	
3							53	
4							54	
5							55	
6							56	
7							57	
8							58	
9							59	
10	1						60	
11		1					61	
12			1				62	
13				1			63	
14					1		64	
15						1	65	
16							66	
17							67	
18							68	
19							69	
20							70	
21	1						71	
22		1					72	
23	1						73	
24		1					74	
25			1				75	
26				1			76	
27	1						77	
28		1					78	
29			1				79	
30	1						80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
Total Indep	60						Total Indep	
Total Depend	24						Total Depend	
Total Claims	30						Total Claims	